



FORM FOR DISCLOSURE OF IMPROPER CONDUCT (WHISTLEBLOWING FORM)

PART A: PERSONAL PARTICULARS

Name
(As per NRIC / :
Passport)

Position :

Division / Department :

Staff No. :

Telephone No.
(a) Office :
(b) Home :
(c) Handphone :

E-mail :
Preferred method of communication :
Mail
Email
Telephone / SMS

PART B: NATURE OF YOUR CONCERN (Please Tick (/) the Relevant Box(es))

- | | |
|--|--|
| <input type="checkbox"/> Commission of fraud, bribery, corruption and/or blackmail | <input type="checkbox"/> Misuse of Confidential Information |
| <input type="checkbox"/> Non-compliance with Company's Code of Business Ethics | <input type="checkbox"/> Insider Trading |
| <input type="checkbox"/> Unauthorised, misuse, or misappropriation of Company assets or fund | <input type="checkbox"/> Financial Irregularity |
| <input type="checkbox"/> Conflict of Interest | <input type="checkbox"/> Endangerment of safety, lives and/or health of Company assets/employees, public, or environment |
| <input type="checkbox"/> Mismanagement and/or abuse of authority | <input type="checkbox"/> Concealment or attempt to conceal malpractice |
| <input type="checkbox"/> Breach of regulatory or legal obligation | <input type="checkbox"/> Others
Please Specify: _____ |



**PART C:
INFORMATION ON UJ DIRECTORS / SENIOR MANAGEMENT / EMPLOYEE(S) INVOLVED
IN THE IMPROPER CONDUCT**

C(1) **INDIVIDUAL 1**
Name :
Designation / Post within :
the Company :
How do you know this :
person?

C(2) **INDIVIDUAL 2**
Name :
Designation / Post within :
the Company :
How do you know this :
person?

C(3) **INDIVIDUAL 3**
Name :
Designation / Post within :
the Company :
How do you know this :
person?

**PART D:
DETAILS OF IMPROPER CONDUCT**

D(1) DATE :
TIME :
PLACE :

D(2) Details of improper conduct
*please submit supporting documents if available
*please attach additional sheets if necessary

D(3) Have you lodged a complaint on this matter to another
person/department/authority before?

YES

NO

If Yes, please specify the person/department/authority that the report
was lodged: _____

Date of the report made: _____

Status of the report: _____